



Atty. Dkt. No. 053466-0401

*[Handwritten signature]*

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Yong KWEE, et al.  
Title: HM1.24-UTILIZING CANCER  
VACCINES  
Appl. No.: 10/533,104  
Filing Date: April 28, 2005  
Examiner: Hong SANG  
Art Unit: 1643  
Confirmation Number: 5920

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims		Previously		Extra		Additional	
	As		Paid For		Claims		Claims Fee	
	Amended				Present	Rate		
Total Claims:	5	-	22	=	0	x \$50.00	=	\$0.00
Independent Claims:	1	-	4	=	0	x \$210.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+ \$370.00	=	\$0.00
CLAIMS FEE TOTAL								= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$460.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,050.00	\$1,050.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,640.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:		\$1,050.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,050.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
<b>TOTAL FEE:</b>		<b>\$1,050.00</b>

A credit card payment form in the amount of \$1,050.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

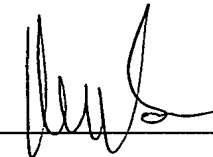
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 29, 2007

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 672-5569  
Facsimile: (202) 672-5399

By

 *ve 55,000*  
for Stephen B. Maebius  
Attorney for Applicant  
Registration No. 35,264